

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

139 -62-043566
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 139

FILED NOV 19 1962

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Rural	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Sale Memorial Hosp.		d. STREET ADDRESS (If outside, give location) R.F.D. #4, Neosho	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Harvey John Middle Roper Last		4. DATE OF DEATH Month November Day 15 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/11/98
9. AGE (last birthday) 64		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Ft. Crowder Mo.	
11. BIRTHPLACE (City and state or country) Nowata Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Harvey Roper		13b. MOTHER'S MAIDEN NAME Amanda Fiest	
14. NAME OF HUSBAND OR WIFE Mildred Roper		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No	
16. INFORMANT Mrs. Mildred Roper, Neosho Mo.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes DUE TO (b) Apparent Acute Heart Failure DUE TO (c) Died enroute to Hospital Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Collapsed while at work	
20c. TIME OF INJURY Hour 10:30 a.m. Month, Day, Year 11-15-1962		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ft. Crowder Mo.		20f. CITY, TOWN, OR LOCATION Newton	
COUNTY County		STATE Missouri	
21. I attended the deceased from 10:30 A.M. and last saw her alive on 11-17-62 Death occurred at Neosho Missouri on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Fuggle</i> (Deputy or title) Act. Coroner		22b. ADDRESS Neosho Missouri	
22c. DATE SIGNED 11/17/62		22d. NAME OF CEMETERY OR CREMATORY Robbins	
22e. LOCATION (City, town, or county) Caney Kansas		22f. REGISTRAR'S SIGNATURE <i>Waydene Belka</i>	
23. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.		24. DATE RECD. BY LOCAL REG. 11-17-62	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

0735

0730

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

DEC 27 1962

NOV 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.